

United States District Court  
Southern District of New York

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William Escalera

Plaintiff

- 13 -

Dept. of Homeless Services  
Harlem Village.

Defendant

State of New York }  
County of New York } 88:  
County of New York }

Civil Action No.

Complaint  
under The Civil

Lights Act 42 U.S.C.  
8/1983.

16CV 0079

I, William Escalera, being duly sworn, deposes  
and says:

I am the petitioner in the above-entitled caption.  
I make this Civil Rights Act 42 U.S.C. § 1983  
Complaint and I am personally familiar with the facts  
and circumstances herein stated.

I am a detainee presently being detained at MDC-  
125 White Street, New York, N.Y. 10013. Herein  
considered the County of New York

Whereupon I am personally familiar with all of  
the facts and statements herein to the best of  
knowledge and belief. I am a lay person in the  
matters of law and seek this Court's indulgence  
for errors, defects, and faults.

On the 15th Day of December 2015 A call was placed to Attorney Annelia McGovern from The Legal Aid Society Stating to her that I would not testify at a grand jury because I had been summoned that I was not being held due to the actual offense but that of my past felony Dkt # 2524/03 Robbery in the 2nd degree, I was summoned to Court on the 16th Day of December, 2015 in Part F where I set and seen no one. On the 17th Day of December, 2015 was my 180.80 Day I was given her card again with instructions written on back of card, which room to go to in order to get caretake in case of my release, if no-one shows up to press charges or testify against me at approximately 4:30 PM. A Court Officer/Correctional Officer came and stated to me that I have been selected due to me having a previous felony, my next Court date is the 28th of January, 2016 and my bail still stands at \$50,000 as of this date and here I have a law library (00 Request Slip) which states I have no warrant or indictment.

On the 18th Day of December 2015 a call was placed to Attorney Annelia McGovern Stating that her services are terminated due to her not making any notices out complete, caring, effective or energetic enough in preparation for my defense and her conflict in interest with District Attorney and judges.

On the 17th Day of December, 2015 During my \$180.80  
Day Court Appearance I asked Attorney Pamela McGovern  
from the Legal Aid Society about the Defendant's  
Ident. No. Name and So forth. She STATED to me  
that She was not allowed to give out that information  
nor did She have it. This is reason enough to  
believe why I do not have pay of the defendant's  
names from Salvation Village, Mass Shelter.

A Notice of Motion for reassignment of Counsel  
(was mailed out), along with a Habeas Corpus, Petition  
of the Civil  
Practice Law and Rules, Notice of Application for  
Reduction of Bail, Notice of Motion pursuant to  
CPL § 160.50 (A)(B)(C)(D) for records of past felony  
to be sealed, and to set aside sentence pursuant to  
CPL § 440.20 along with MOTIONS which I have  
STATED within this Civil Rights Act 42 U.S.C § 1983

Sincerely yours!

William Eschwe

F.I.C # 3491514126

125 White Street  
New York, New York, 10013

UNITED STATES DISTRICT COURT  
for the  
Southern District of New York

William Escalera Plaintiff )  
v. )  
Dept. of Homeless Services ) Civil Action No. \_\_\_\_\_  
Defendant )  
Samaritan Village

**NOTICE, CONSENT, AND REFERENCE OF A CIVIL ACTION TO A MAGISTRATE JUDGE**

*Notice of a magistrate judge's availability.* A United States magistrate judge of this court is available to conduct all proceedings in this civil action (including a jury or nonjury trial) and to order the entry of a final judgment. The judgment may then be appealed directly to the United States court of appeals like any other judgment of this court. A magistrate judge may exercise this authority only if all parties voluntarily consent.

You may consent to have your case referred to a magistrate judge, or you may withhold your consent without adverse substantive consequences. The name of any party withholding consent will not be revealed to any judge who may otherwise be involved with your case.

*Consent to a magistrate judge's authority.* The following parties consent to have a United States magistrate judge conduct all proceedings in this case including trial, the entry of final judgment, and all post-trial proceedings.

Parties' printed names

William Escalera  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of parties or attorneys

William Escalera  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates

12/25/13.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Order**

**IT IS ORDERED:** This case is referred to a United States magistrate judge to conduct all proceedings and order the entry of a final judgment in accordance with 28 U.S.C. § 636(c) and Fed. R. Civ. P. 73.

Date:

12/25/13.

*District Judge's signature*

*Printed name and title*

Note: Return this form to the clerk of court only if you are consenting to the exercise of jurisdiction by a United States magistrate judge. Do not return this form to a judge.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

William Escobar

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

DEPT. of Homeless Services, Somers  
Villages

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name William Escobar

ID # 3491014126

Current Institution

Manhattan Detention Center

Address 123 White Street

New York, New York 10013

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name \_\_\_\_\_

Shield # \_\_\_\_\_

Where Currently Employed \_\_\_\_\_

Address \_\_\_\_\_

Defendant No. 2

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
Seneca Village (6-Week Street, 225 E 3rd Street) The events occurred in the intake area, New York, New York 10022.

B. Where in the institution did the events giving rise to your claim(s) occur?  
The intake area where you sign for your bed.

C. What date and approximate time did the events giving rise to your claim(s) occur?  
December 11, 2015, at approximately 9:30 to 10:00 AM.

D. Facts: On This Date and Time (Enter) The Shelter  
Wishes to Sign for BCI (529) and go upstairs to  
Sleep. After my Coming from Work with S.A. I was  
Giving out Free phones to those in need of them.  
I was given care take that morning at approximately  
8:30 AM to See my Therapist at the Family Health  
Institute located at 119 Madison Ave, New York.  
I WAS accused by Counselor and Security Guards  
that I was intoxicated and that I was not above  
grade. I was then Shoved to the floor where  
my upper lip or right side had been cut by  
my right hand and I guess had cut it and  
bent it as I was trying to get out of the room where  
I was repeatedly stamped and kicked. I laid on  
floor by the door and when I got up the  
ambulance and arresting officer from 17th Precinct  
of the 17th Precinct arrived #9544. I was taken  
to Hospital where I received 3 stitches for upper  
lip. Medication for my Sores. Then I was carried  
to Prison and charged with assault (2) \$100.00  
and there is no video nor is this a program only  
A Meds Shelter.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

~~As I stood up above I received 3 stitches for upper lip and hand side. I had a cut on the left side. Bruises to the right hand and fingers and tongue. Medication (ketotifen) and 500 mg. And a few aspirins for the pain to my ribs.~~

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

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1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

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2. What was the result, if any? \_\_\_\_\_

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:  
*This happened in prison but I never got a chance to file a grievance because of the procedure. When my clothes were confiscated and money was taken by staff at this facility. Staff at this facility. After 30 days it becomes*
2. If you did not file a grievance but informed any officials of your claim, state who you informed  
*Will be disposed of and I will not be released from prison in time to claim my property*

when and how, and their response, if any, (filed) collected to file  
Child and Property Damages or Loss Claim Form  
Attorney Marie McGregor of the Legal Aid Society  
who no longer is on the case because (type)  
her Deceased with District Attorney and judge in  
this matter located at Supreme Court 100 centre  
set forth any additional information that is relevant to the exhaustion of your administrative  
liabilities. Wife (check if applicable) and serve each of prisoner  
my self 60 Day Due to get past body of  
her in the second degree PL 160,105 DL # 33244 03  
where I was acquitted of ASPDIT but there was  
no defendant in this case. I served 19 7 yc  
serve and was reserveteeve for 5 yeas PLS. my  
ended April 13, 2016.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

## V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like this Court to award me \$ 452.73 for my property that was lost (Stolen or Damaged) in this incident, return my Identification and cash that was Stolen in the Inside of Black coat along with my Medication and cosmetics that was Stolen inside of Black backpack that was left in the inside park on 12/11/16. All the Clothing, cosmetics, Medication, Sneakers, Shoes, Books, that was Stolen in locker 529.

I would also like this Court respectively to do as follows these charges from being glorified leather because it is unlawful to hold someone imprisoned due to their past felony and have no other evidence on there previous charge such as breathalyzer, Video recording, ETC.

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

## On these claims

# V. Relief

State what you want the Court to do for you (including the amount of monetary compensation if any, that you are seeking and the basis for such amount). I respectfully would like for this Court to award me an additional \$1,000 of monetary compensation for STANLEY SAMARITAN VILLAGE MED'S SHelter located at 225 E. 53<sup>rd</sup> Street New York on 3<sup>rd</sup> Avenue, N.Y. 10022. I'm longer under the policy of a Drug Treatment Program, where there are clients living inside smoking h-2, MARIJUANA, CRACK, COCAINE, and shooting needles, that are found in sleeping quarters and restroom areas, under the Dept. of Homeless Services. This is a shelter for men who are looking for assistance in housing. The L.I.C. program, or YMCA with affordable housing is available to them, I am incarcerated under accusations of intoxication and assault (2) where there is no proof of these allegations. I have proof that I was a victim of assault hospitalization I.D. from New York Presbyterian 12/11/15 (M 416164872) (6030986) (4/27/69)

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff William Escalera

Defendants People of the State of New York

2. Court (if federal court, name the district; if state court, name the county) Street (Part 61), New York, New York 10019 100 Centre

3. Docket or Index number 2015 NY 080084

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit The 13th, 18th, 29th December 2015

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition NO Disposition as of yet.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) No result as of yet. There has not been

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff William Escalera

Defendants Sometime Village, DHS 225 E 03rd Street, New York, NY 10022

2. Court (if federal court, name the district; if state court, name the county) New York City Comptroller, 1 Centre Street, New York Office of The

3. Docket or Index number New York 10009 DB# 2015 NY 080084

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit 12/18/15

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition NO Disposition as of yet.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) No result as of yet. There has not been any result as of yet.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25<sup>th</sup> day of December, 2015

Signature of Plaintiff

Inmate Number

Institution Address

William Escobar

3481514126

Metropolitan Detention Center  
123 White Street  
New York, New York 10013

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 25 day of December, 2015 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

William Escobar



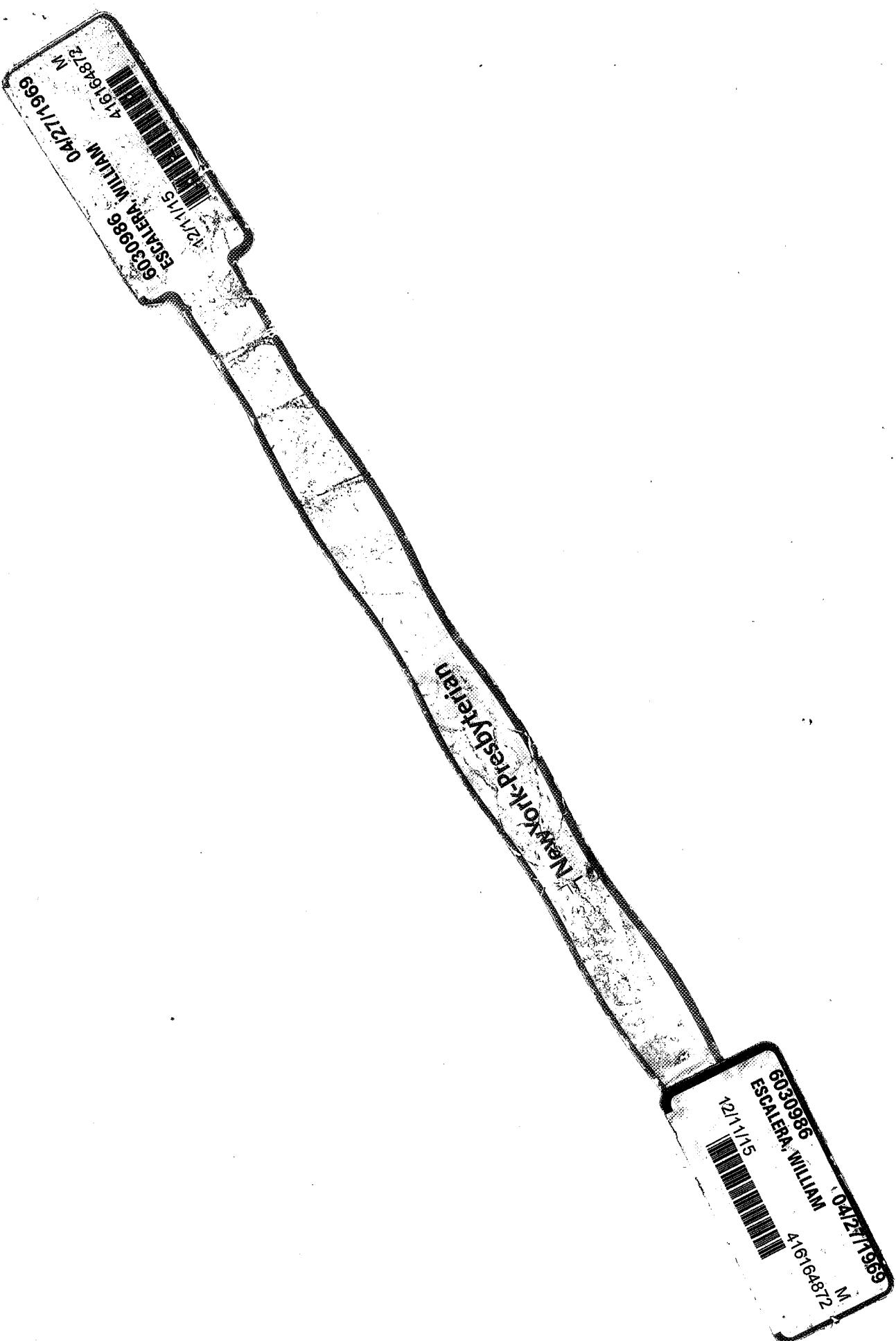
**Amelia McGovern**  
Staff Attorney  
Criminal Defense Practice

49 Thomas Street, NY, NY 10013  
T: (212) 298-5286 F: (646) 616-4286  
[amgovern@legal-aid.org](mailto:amgovern@legal-aid.org)

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New York Presbyterian



## Law Library GO Request Slip

Please note this GO service is done by **Courtesy**  
and allow 24 to 48 hours for delivery.

PRINT NAME: William Escalera

BOOK&CASE# 3491514126

HOUSING AREA 6 West

DATE: 12/26/15.

Top Charge	<u>120.05</u>	
Docket#		
Indictment#	<u>None</u>	
Next Court Date	<u>Jan 28</u>	
Court Part	<u>61</u>	
Bail		
Bond		
Warrant		

Mr. Michael Sparer Esq.  
24915 1/11/12  
1125 White Street  
New York, New York 10013.

U.S.M. #3  
SDNY



United States District Court  
Southern District of New York  
500 Pearl Street  
New York, New York 10007

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